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PTO/SB/21 (08-03)

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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Application Number	10/073,504
Filing Date	02/11/2002
First Named Inventor	MULLER
Art Unit	3643
Examiner Name	GRILLES, Bethany

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JUL 23 2004

Total Number of Pages in This Submission

1 + 14

Attorney Docket Number

**OFFICE OF PENDING****ENCLOSURES (Check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached (1 page)	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input checked="" type="checkbox"/> Revival - 1.137(b) (2 pgs) <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <input type="checkbox"/> Return Postcard
<input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	Keith Frantz, Reg. No. 37828
Signature	
Date	7-15-04

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Keith Frantz	
Signature		Date 7-15-04

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# FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 665.00)

## Complete if Known

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Filing Date	02/11/2002
First Named Inventor	MULLER
Examiner Name	GRILLES, Bethany
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OFFICE OF PETITIONS

## METHOD OF PAYMENT (check all that apply)

Check  Credit card  Money Order  Other  None

 Deposit Account:

Deposit Account Number	
Deposit Account Name	

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) or any underpayment of fee(s)  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity	Fee Code (\$)	Fee	Small Entity	Fee Code (\$)	Fee	Fee Description	Fee Paid
1001	770	2001	385			Utility filing fee	
1002	340	2002	170			Design filing fee	
1003	530	2003	265			Plant filing fee	
1004	770	2004	385			Reissue filing fee	
1005	160	2005	80			Provisional filing fee	
SUBTOTAL (1) (\$)							

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	-20** =	X	=	Fee from below	Extra Claims	Fee Paid
Independent Claims						
Multiple Dependent						

Large Entity	Fee Code (\$)	Fee	Small Entity	Fee Code (\$)	Fee	Fee Description	
1202	18	2202	9			Claims in excess of 20	
1201	86	2201	43			Independent claims in excess of 3	
1203	290	2203	145			Multiple dependent claim, if not paid	
1204	86	2204	43			** Reissue independent claims over original patent	
1205	18	2205	9			** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2) (\$)							

\*\*or number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity Small Entity

Fee Code (\$)	Fee	Fee Code (\$)	Fee	Fee Description	Fee Paid	
1051	130	2051	65	Surcharge - late filing fee or oath		
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet		
1053	130	1053	130	Non-English specification		
1812	2,520	1812	2,520	For filing a request for ex parte reexamination		
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action		
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action		
1251	110	2251	55	Extension for reply within first month		
1252	420	2252	210	Extension for reply within second month		
1253	950	2253	475	Extension for reply within third month		
1254	1,480	2254	740	Extension for reply within fourth month		
1255	2,010	2255	1,005	Extension for reply within fifth month		
1401	330	2401	165	Notice of Appeal		
1402	330	2402	165	Filing a brief in support of an appeal		
1403	290	2403	145	Request for oral hearing		
1451	1,510	1451	1,510	Petition to institute a public use proceeding		
1452	110	2452	55	Petition to revive - unavoidable		
1453	1,330	2453	665	Petition to revive - unintentional	665	
1501	1,330	2501	665	Utility issue fee (or reissue)		
1502	480	2502	240	Design issue fee		
1503	640	2503	320	Plant issue fee		
1460	130	1460	130	Petitions to the Commissioner		
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)		
1806	180	1806	180	Submission of Information Disclosure Stmt		
8021	40	8021	40	Recording each patent assignment per property (times number of properties)		
1809	770	2809	385	Filing a submission after final rejection (37 CFR 1.129(a))		
1810	770	2810	385	For each additional invention to be examined (37 CFR 1.129(b))		
1801	770	2801	385	Request for Continued Examination (RCE)		
1802	900	1802	900	Request for expedited examination of a design application		
Other fee (specify) _____						
*Reduced by Basic Filing Fee Paid				SUBTOTAL (3) (\$)		665

(Complete if applicable)

## SUBMITTED BY

Name (Print/Type)	Keith Frantz	Registration No. (Attorney/Agent)	37828	Telephone	815-987-9820
Signature	<i>Keith Frantz</i>			Date	5-15-04

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